



Patrick C. Creevan, D.D.S., Inc.
Pediatric Dentistry

Introducing: _____

Age: _____

Referred by: _____

Date: _____

Reason for Referral:

Date of available x-rays: _____

- Given to patient
- Sent via postal mail
- Sent via e-mail
- New x-rays needed
- No x-rays available

Follow-up:

- I would like to be contacted to discuss
- I would like this patient to return to my office for recall visits
- Please continue to see this patient for all future recall visits

Thank you for trusting us with your referrals!
We will forward an examination summary after seeing your patient.



1964 Fourth Street, Livermore, CA 94550 (on the corner of Fourth Street and L Street)

Call our office at your convenience to schedule your child's initial exam appointment. During this appointment Dr. Creevan will provide a thorough dental exam, address your dental concerns, and determine the options and timeline for managing your child's treatment needs. We look forward to meeting you soon!

For further directions or information about our office call 925-443-5980, or go to
www.eastbaypediatricdental.com